
N-FOCUS Major Release Children and Family Services April 15, 2018

A Major Release of the N-FOCUS system is being implemented April 15, 2018. This document provides information explaining new functionality, enhancements and problem resolutions made effective with this release. This document is divided into four main sections:

General Interest and Mainframe Topics: All N-FOCUS users should read this section.

Electronic Application: N-FOCUS users responsible for case activity received through the Web based Electronic Application should read this section.

Developmental Disabilities Programs: N-FOCUS users who work directly with DD programs and those who work with the related Medicaid cases should read this section.

Note: This section will only appear when there are tips, enhancements or fixes specific to Development Disabilities Programs.

Expert System: All N-FOCUS users with responsibility for case entry for AABD, ADC Payment, SNAP, CC, FW, IL, MED, and Retro MED should read this section.

Note: When new functionality is added to N-FOCUS that crosses multiple topics (ie General Interest and Mainframe, Alerts, Correspondence, Expert System etc) the functionality will be described in one primary location. This location will usually be the General Interest and Mainframe section or the Expert System section. Alerts, Work Tasks and Correspondence that are part of the new functionality will be documented in both the primary location that describes the entire process and in the Alerts, Work Tasks and Correspondence sections.

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General Interest and Mainframe

Master Client Index MCI – New

Medicaid eligibility is in the process of being moved from NFOCUS to NTRAC. As part of this change, the Master Client Index (MCI) will maintain person data from both systems. The Master Client Index (MCI) data will be synchronized between NFOCUS and NTRAC to streamline the data management (search, create, update, merge & discontinue) processes between Medicaid and non-Medicaid Programs.

Having the people linked in both systems allows for the daily interface between N-FOCUS and NTRAC to pass eligibility information back and forth for an individual.

The MCI Implementation will be handled in two phases. The first phase is the integration of NFOCUS with MCI. The second phase of the MCI implementation will be the integration of NTRAC with the MCI.

Person Search Window

With this release, Search Discontinued Persons is now an available option from the Person Search window. Only discontinued ARPs will display.

N-FOCUS - Person Search

Person

SSN SSN Last Four Digits Search on SSN History

- OR -

Person

Last First Birth Date City State

Sex

All Female Male

Last Name Search Method

Exact Spelling Partial Name Sounds Like

Search on Central Register/Registry Search on Name History Search Discontinued Persons

- OR -

Person

Number

- OR -

MMIS Cross Reference

Number

- OR -

CFS Docket Number

Court Docket Number Page Number

Search by Address Search by Phone Search by Account

Search Clear Cancel Help

Person Detail Window (Change)

The MCI icon will now be on the Person Detail window. This icon will provide a view of person data contained on the Master Client Index (MCI). The view is informational/read only.

N-FOCUS - Person Detail

File Actions Detail Goto Help

MCI

N-FOCUS - Master Client Index Information

NFOCUS ID 50090 NTRAC ID Medicaid ID Restricted Person Indicator N

Discontinued Person Ind

Name BROTHER GEAR IV

SSN Last Four Digits 1152 SSN Verification VERIFIED Interim SSN

Date Of Birth 11-16-2003 Date Of Death Gender M

NFOCUS Marital Status NTRAC Marital Status

Notification Preference Cell Phone

Verified Person E-Mail

Primary Written Language Primary Oral Language

Physical Address Mailing Address

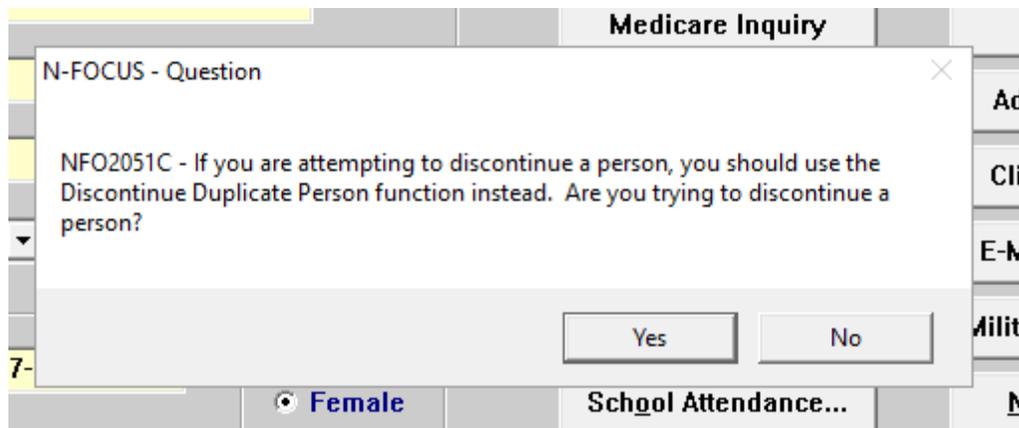
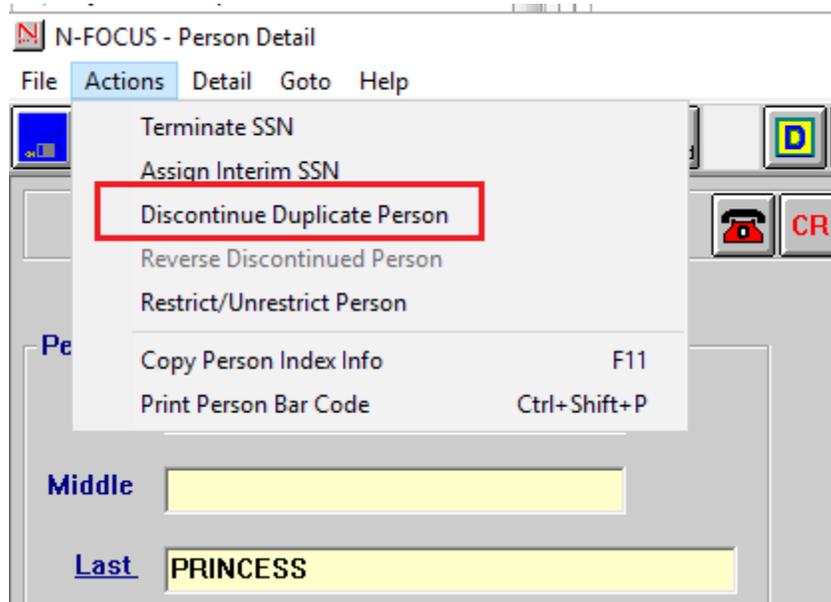
NFOCUS 632 N BEAR COUNTRY TRL
LINWOOD NE 68036

NTRAC NTRAC

OK

Confirm Discontinue Duplicate Person (Change)

With this release, a new consolidation process will be available for merging duplicate ARPs. When discontinuing an ARP you will be able to update the existing ARP with the new data. You no longer have to unverify the SSN or terminate the SSN. If you attempt to use the Terminate SSN action you will receive this message.



Answer yes and select the Discontinue Duplicate Person function on the drop down menu instead. If you really only need to terminate an SSN, because it doesn't belong to the person and there isn't a correct SSN to enter, answer No to continue.

See screen print on next page.

N-FOCUS - Confirm Discontinue Duplicate Person

You have chosen to discontinue SUSAN PRINT

Discontinued Person Data		Correct Person Data	
ID	140216	ID	140097
SSN	- -	SSN	<input type="text" value="514-00-3377"/>
First Name	SUSAN	First Name	<input type="text" value="IVY"/>
Middle Name		Middle Name	<input type="text" value="T"/>
Last Name	PRINT	Last Name	<input type="text" value="PLANTER"/>
Ext		Ext	<input type="text" value="NONE"/>
Birth Date	06-01-2003	Birth Date	<input type="text" value="09-30-1942"/>
Sex	F	Sex	<input type="text" value="Female"/>

You can make corrections to the correct person data if you need to. Do you want to Continue?

Updating Pregnancy (Change)

With this release, when an Unborn child is born the worker will be able to change the baby's last name if the child is not given the same last name as the mother.

There is no window change with this change in functionality.

Document Imaging

Barcoding Documents (Change)

EA Review/Recertification Application (Change)

Full page Bar Code sheets mailed with certain documents are changing to smaller bar codes found on the bottom of each sent document. The Economic Assistance Review/Recertification Application (EA-RA Form) is the first document to change to the placement of the barcode. Others are anticipated to follow with future NFOCUS releases.

There will no longer be a separate sheet of the barcode for any EA-RA with a creation date after May 1, 2018. The barcode will now appear at the bottom right corner, of the front-and-back side of each sheet (not including the client rights and responsibilities pages). The Economic Assistance Review/Recertification Application is the only correspondence piece to have the new barcode with this release. The barcode will only occur on recertification created in batch runs.

Note: With the April release, EA-RA forms created and printed starting in May, 2018 will have the new bar code. This applies to the new stored copies. The old stored copies, created prior to May, 2018, will continue to have the old bar code sheet.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO BOX 2992
OMAHA NE 68103-2992

GERRI DUCKY SMITH
123 SOUTHERN ST
GERING NE 69341

Economic Assistance Review/ Recertification Application

Master Case Number - 000000023
Program Case Name - GERRI DUCKY SMITH
CONTACT - Economic Assistance
Toll Free Number - (800)383-4278
Fax Number - (402)595-1901
Date of Notice - AUGUST 01, 2018
Mail Date - 08-01-2018

ECONOMIC ASSISTANCE REVIEW/RECERTIFICATION DUE

Eligibility for the following programs will end on AUGUST 31, 2018. A recertification/review is due before this date.
Child Care

This will be the only REVIEW/RECERTIFICATION Notification that will be sent for the program(s) noted above.
In order for your benefits to continue without interruption you must submit an application by the 15th of AUGUST.
If your application is not received by this date your benefits may be interrupted or terminated. If your current benefits are terminated, you may apply at a later date and, if eligible, benefits may be prorated from the date of application.

Step 1: Application Submission

To insure timely processing of application please submit an application as soon as possible.

- Applications can be submitted online at www.ACCESSNebraska.ne.gov using our **pre-filled online application**. You can also complete and send the attached application (see additional pages) and mail to the address above, deliver the application to a local DHHS Office, fax to (402)742-2351, or email to DHHS.ANDICenterOmaha@Nebraska.gov. If the only household income is Social Security Income (SSI), you may apply for SNAP benefits through the Social Security Administration office.
- **Providing as much information as possible on the application will assist us in completing your eligibility timely.** Your application must contain at a minimum your name and address, and must be signed by you or your representative.
- For SNAP, if you are age 60 or older or you are determined disabled, you may qualify for a deduction from your household income for allowable non-reimbursable medical expenses. If you have questions about allowable expenses, contact us at the number on the top of this form. Include all of your medical expenses you pay out of your pocket on your SNAP application form. Be sure to include verification of your expenses.

Step 2: Interview may be required

- If you are required to complete an interview, an interview letter will be sent to you, or you will be contacted by phone. You are responsible for completing the interview if you are contacted by us. Failure to complete a scheduled interview may result in delay or denial of benefits.
- For SNAP, if all adult household members are over the age of 60, or determined disabled, and no one has earned income, your SNAP interview may be waived if you meet all other requirements and have provided required verification. We will conduct an interview with your household if you request one, or if there is earned income, if it appears your household may be denied, or if we need to address issues or questions about your application.

Step 3: Submit Proof to support your answers on the application

- Verification documents, such as proof of income, resources (assets), and expenses, may be required. Notification of requested documents will be given to you in writing.
- Submit documents online at www.ACCESSNebraska.ne.gov, fax or mail to the address above, or deliver to a DHHS local office. You can also email this information to DHHS.ANDICenterOmaha@Nebraska.gov.



Online application steps to utilize information already on file at DHHS.

1. Log on to web site **www.ACCESSNebraska.ne.gov**.
2. Select **Apply**.
3. If you have an ACCESSNebraska account established for Benefit Inquiry, the same account can be used for the Application. Select **Login with my existing account**, enter the **User ID** and **Password**, and **Login**. Go to Step 11.
4. If you do not have an account already, select **Create a new account**.
5. On the New Account Registration page, enter **first name; last name; User ID**: This is an ID you will use every time you log into this site. Do not use your SSN or PIN number. Email addresses may be a good choice. Example: youremailaddress. (JDoe123).
Password: This is a word with numbers that you will use every time you log on to this site. Passwords must be changed every 180 days. There are some password rules that apply. To view, click on **Password Rules**. Example of a password: Raspberry#1. **Reenter password**.
6. **Login as a Returning User**. Enter your **User ID** and **Password**.
7. **Answer Three (3) Security Questions**. Remember your answers because a question may appear in future logons.
8. Select **Continue**.
9. In order to Validate the account, you will need a PIN number. If you have your PIN number, select **yes**. Enter **PIN number, date of birth and last 4 numbers of the Social Security Number**.
10. Select **Continue**.
11. **Your login was successful message** will appear. Select **Continue** to start the application.
Personal Identification Number (PIN) Information for ACCESSNebraska.
 - Do not share this PIN with anyone unless you want them to have access to your application and/or benefit information.
This PIN is your personal information and will allow you to access case information for yourself, or any other person for whom you are a Case Representative or Payee.
 - If you lose your PIN number, contact DHHS at a number listed below.

For free legal services, contact Nebraska Legal Services. In Douglas, Sarpy and Dodge counties, call 402-348-1060. All other counties, call 1-877-250-2016. If you are 60 years of age or older, call (in Omaha) 402-827-5656 or (statewide) 1-800-527-7249.

Economic Assistance
Toll Free: (800)383-4278
Lincoln: (402)323-3900
Omaha: (402)595-1258

Go online:
ACCESSNebraska.ne.gov



**Economic Assistance Review/
 Recertification Application**

Master Case Number - 00000023

If you fail to complete and return this application or complete an online application your benefits will end.

Eligibility for the following programs will end on AUGUST 31, 2018. A recertification/ review is due before this date.

Child Care

Please answer all questions that are blank.

SECTION 1 - Applicant/Head of Household

Client Name: GERRI DUCKY SMITH		Social Security Number: XXX-XX-0142	
Address: 123 SOUTHERN ST		Home Phone: (402)569-7811	
City, State, Zip: GERING NE 69341		Cell Phone: (402)422-1299	
<input type="checkbox"/> By checking 'this box', I agree to receive text messages on the above cell phone number from DHHS regarding my benefits. These benefits include: Medicaid, CHIP, SNAP, ADC, LIHEAP, CC Subsidy, AABD payment and SSAD. I agree to contact DHHS if my cell phone number changes or if this number is no longer in my possession. I understand that I can opt out of this in the future by contacting DHHS. <i>NOTE: Text messaging is currently under development and is targeted to be available in the near future.</i>			
Email Address:			
<input type="checkbox"/> By checking 'this box', I elect to receive notification of my written notices and other correspondence regarding my benefits from DHHS through the above email address. These benefits include: Medicaid, CHIP, SNAP, ADC, LIHEAP, CC Subsidy, AABD payment and SSAD. I will no longer receive information through the mail. I understand I will receive an email notification of the correspondence, which will provide a link to the DHHS ACCESSNebraska website where I can access the correspondence. I understand that I must create an authenticated account on the ACCESSNebraska website in order to view my correspondence in Benefit Inquiry.			
I state under penalty of perjury that I have completed the application to the best of my knowledge and my answers are true and correct, including information regarding citizenship and alien status of all household members. I authorize the release of information to DHHS. The requested information will be used solely in the administration of economic assistance programs and will not be released to any other person or agency outside of DHHS except I understand DHHS may release information to another agency when services of that agency have been requested or when the objective in obtaining the information is to provide services to me or to my household. I have read, understand, and agree to "What I Should Know".			
Your Signature	Date	Spouse's/Co-Applicant Signature, if Applying	Date
Authorized Representative, Conservator, Guardian Printed Name	Authorized Representative, Conservator, Guardian Signature		Date
Person who Helped Complete Application if not listed above			Date

SECTION 2 - Household Information - please include any unborn children.

Family Member Name	Relation to you	Does this person want benefits? yes/no	US Citizen yes/no	If not a citizen, is this person a qualified alien? * yes/no	Marital Status	Buys and Eats Food w/You Yes/no	Date of Birth	Social Security Number
GERRI DUCKY SMITH	SELF						05-10-1975	XXX-XX-0142
JANIE DUCKY SMITH	Child (Bio)						06-15-2010	XXX-XX-0444
JUSTICE PLAIN DUCKY	Child (Bio)						06-20-2014	XXX-XX-9874

***Qualified alien under the federal Immigration and Nationality Act. If the non-citizen has a sponsor their sponsor information is required.**

SECTION 3 - Household Situation

When there has been a break in benefits, households eligible for expedited service may receive SNAP benefits within 7 days from the application received date. Those not eligible for expedited may receive their benefits within 30 days from the application received date.



1. Has anyone in the home received food or cash assistance from another state or source in the last 30 days? [] No [] Yes	5. Is anyone in your household a migrant or seasonal farm worker whose cash and savings are \$100 or less AND whose income has recently stopped? [] No [] Yes
2. Is your household gross income for this month less than \$150 before deductions? [] No [] Yes	6. Has anyone in the household been determined disabled by the Social Security Administration? [] No [] Yes
3. Are your total household cash/savings for this month less than \$100? [] No [] Yes	7. Is anyone in the home on strike? [] No [] Yes
4. Is your household monthly gross income plus your resources less than your monthly rent or mortgage and utilities? [] No [] Yes	

Please mark your living arrangement:

[] rent/own a house [] rent apartment, duplex, triplex [] assisted living/nursing home [] room and board [] battered spouse shelter
 [] drug abuse/alcohol treatment center [] adult family home, group home, center for developmental disabled

SECTION 4 - Earned Income

If you, or anyone in your home, have no Earned Income please check here - []

FAMILY MEMBER NAME	EMPLOYER	MONTHLY GROSS	HOURS PER WEEK	HOW OFTEN PAID
GERRI DUCKY SMITH	cc fail?			Monthly

- Please provide proof of wages through 30 days of paystubs or letter from your employer showing the information noted above.
- If you are self-employed (have a home based business - selling items online, providing childcare, donating plasma, or selling goods), please provide ledgers or your most recent income tax statement for your business.

Has anyone in your home quit or ended a job in the past 30 days? [] No [] Yes Please list who, what job ended, why the job ended, and date and amount of last paycheck.

FAMILY MEMBER NAME	EMPLOYER	DATE OF LAST CHECK	GROSS AMOUNT OF LAST CHECK
REASON JOB ENDED:			

SECTION 5 - Unearned Income

If you, or anyone in your home, have no Unearned Income please check here - []

FAMILY MEMBER NAME	SOURCE OF INCOME (Child Support, Social Security, Unemployment, Workers Comp, etc.) Please include any lump sum payments or income from selling anything of value since your last application.	AMOUNT OF INCOME	HOW OFTEN
GERRI DUCKY SMITH	Contribution-Money		Monthly

SECTION 6 - Expenses

Failure to note an expense below will be seen as a statement by your household that you do not want us to count this expense, or that this expense has not changed since your last application. Failure to note any expense may result in you getting a lower amount of SNAP benefits.

TYPE OF EXPENSE (Rent/Mortgage, Utilities, Child Care, Child Support, Medical, etc.)	WHO IS RESPONSIBLE FOR THIS EXPENSE	AMOUNT BILLED	HOW OFTEN BILLED

Have you received help paying for the expenses above in the past 12 months? [] No [] Yes - If yes, complete below.

WHICH EXPENSE(S)	WHO PAID	AMOUNT PAID	Paid to you or directly to provider (landlord, energy provider)

SECTION 7 - Resources

If you have no Resources, please check here - []

Resources include bank accounts, vehicles, land, property, homes, rental property, or timeshare in Nebraska or any other state. All resources must be noted below.

TYPE OF RESOURCE (Cash, Bank	WHO HAS IT	WHAT DO THEY HAVE	AMOUNT/VALUE



Account, Vehicles, Retirement Account, etc.)			

Please provide proof of resources through recent bank statements, printouts from bank, or statements showing current value of stocks, bonds, life insurance, burial policies, etc.

SECTION 8 - Student Status
List anyone in the home attending High School, Vocational, Trade School or College

NAME	SCHOOL ATTENDING	LAST GRADE COMPLETED	GRADUATION DATE	FULL TIME
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes

SECTION 9 - Disqualifications
Has anyone in the Home been:

<p>1. Hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a felony crime or attempted felony crime, or violating a condition of parole or probation? <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p> <p>2. Charged and convicted of a felony (after 8/22/1996) for possession, sale, use, or distribution of a controlled substance? A "controlled substance" is an illegal drug or certain drugs that require a doctor's prescription. <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p> <p>3. Found to have misrepresented identity or residence, or attempted to misrepresent identity or residence in order to obtain multiple benefits at the same time after 9/22/1996? <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p> <p>4. Found to have misrepresented identity or residence, or attempted to misrepresent identity or residence in order to obtain multiple ADC benefits at the same time after 8/22/1996? <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p>	<p>5. Convicted of fraudulently receiving, or attempting to fraudulently receive duplicate SNAP benefits in any state after September 22, 1996? <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p> <p>6. Found guilty of buying or selling or attempting to buy or sell SNAP benefits of \$500 or more after 9/22/1996? <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p> <p>7. Convicted of using and/or receiving, or attempting to use and/or receive SNAP benefits in exchange for firearms, ammunition, or explosives after 9/22/1996? <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p> <p>8. Convicted of a misdemeanor or felony for trading or attempting to trade SNAP benefits for drugs after 9/22/1996? <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p> <p>9. Disqualified in one of the following programs: ADC/SNAP/CC (Example of disqualified: intentionally provide false information, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes, who and when?</p>
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SECTION 10 - Absent Parent Information - Is anyone in the home pregnant, or have any children joined your household since your previous application? (This question is not required for SNAP)

WHO IS PREGNANT?	DUE DATE	NAME AND ADDRESS OF FATHER
WHO ENTERED THE HOUSEHOLD?	DATE ENTERED	NAME AND ADDRESS OF ABSENT PARENT

SECTION 11 - Benefit Cards

Do you have a Nebraska Electronic Benefits Transfer (EBT) card for SNAP Benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you ever had one? If question is not answered DHHS will take as declaration that you have a card. <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you want to choose a person to use your SNAP benefits with your EBT card?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please add their name/address and phone number
Do you have a Nebraska US Bank ReliaCard for LIHEAP, ADC, AABD or RRP grant? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you ever had one? If question is not answered DHHS will take as declaration that you have a card. <input type="checkbox"/> No <input type="checkbox"/> Yes, who?

SECTION 12 - Additional Questions

Do you need an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes, what language?
Do you want to choose a person to apply for SNAP on your behalf? <input type="checkbox"/> No <input type="checkbox"/> Yes, please add their name/address and phone number
<p>Voter Registration: Any citizen in the State of Nebraska who has met the voter registration requirements and applies for economic assistance benefits must be provided the opportunity to register to vote. If you would like help in filling out a voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application in private. If you are not registered to vote where you now live, would you like to register to vote today? If you do not check either answer, you will be considered to have decided not to register to vote at this time, or are already registered. <input type="checkbox"/> No <input type="checkbox"/> Yes</p>





WHAT SHOULD I KNOW - NEW VERSION
PLEASE KEEP THIS FOR YOUR INFORMATION

By completing and signing the Nebraska Economic Assistance Review/Recertification Application (EA-RA), and other documents required to determine whether I am eligible for economic assistance benefits, AND by accepting benefits that I am eligible to receive, I understand the following information and agree to the following requirements.

I must tell the truth; it is a crime to lie on this application.
I may have to give papers that show what I have told you is true.
I may have to tell you of any changes to the information I gave you on my application.
If I think DHHS made a mistake, I can ask for an appeal or fair hearing.

DHHS will not discriminate.
DHHS will confirm citizenship and immigration status for everyone applying for benefits.
DHHS will take back any benefits you should not have received.
DHHS will tell you when your benefits will decrease or be terminated.

YOU HAVE THE RIGHT TO

- Apply, and discuss any action taken on your application or case with a worker or a supervisor.
- Be assisted in the application process by the person of your choice.
- Referral to other private or public agencies.
- See a copy of the program regulations.
- Have an interview in your home, at a mutually agreed upon location, or by telephone.
- Reasonably prompt action on your application for benefits.
- Adequate notice of any action affecting your application or case.
- Have program requirements and benefits fully explained.
- Have your application for SNAP processed in accordance with SNAP procedures. This includes timeliness, notice and SNAP requirements regardless of whether your application is for SNAP and other programs. Your household may not be denied SNAP benefits solely because it has been denied benefits from other programs.

YOU HAVE THE RESPONSIBILITY TO

- Provide complete and accurate information. You may be subject to criminal penalties under applicable state or federal laws if you do not provide complete and accurate information. You are primarily responsible for providing proof of your household situation, but a worker will assist you in obtaining verification if you cooperate with the application process.
- Apply for and accept any potential benefits or income you may be eligible for, if requested to do so by a worker.
- Pay a fee to your child care provider, if required to do so based on your income.
- Cooperate with state and federal personnel in a Quality Control review.
- Cooperate with Nebraska Child Support Enforcement.

Reporting changes for the Supplemental Nutrition Assistance Program (SNAP) benefits

There are two reporting categories in SNAP: Simplified Reporting (SR), and Transitional Benefits Reporting (TBR). The reporting category to which you will be assigned is determined by your household situation. You will be informed of the reporting category, certification period, and reporting requirements on your Notice of Eligibility. You will receive the Notice of Eligibility by mail. If your SNAP benefit reporting category changes during the certification period, you will receive another notice with the new reporting requirements for the new category.

Restrictions on the use of Electronic Benefits

NOTICE: If you receive your TANF (Temporary Assistance for Needy Families - ADC), AABD, SDP, RRP, or LIHEAP benefits via an electronic benefit transfer/debit card (ReliaCard), please know that it is a violation of Federal law, and/or State Regulation, to access these funds from an ATM located at, or via a point-of-sale purchase at the following types of businesses:

1. Liquor stores;
2. Casino, Gambling Casino or Gaming Establishment; or
3. Any retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment.

Designation of Head of Household and Work Registration

If your household has more than one parent, you must tell ACCESSNebraska which parent should be designated as "Head of Household". In households without children, the "Head of Household" must be the person who has the greatest amount of earned income in the previous two months. The signature of the "Head of Household", other adult in the household, or an authorized representative on this application, constitutes registering for work of all non-exempt household members.

Supplemental Nutrition Assistance Program (SNAP) Penalty Warning

The information provided on this application is subject to verification by federal, state, and local officials. If any is found inaccurate, participation in SNAP may be reduced, terminated or denied. Individuals who have knowingly provided false information may be subject to criminal prosecution. Any member of a household who breaks any of these rules on purpose may be barred from SNAP for 12 months for the first violation, 24 months for the second violation, and permanently for the third violation. Additionally, individuals may be fined up to \$250,000, imprisoned for up to 20 years, and subject to prosecution under other applicable federal laws. A court can also bar an individual from the program for an additional 18 months. Individuals charged with trafficking benefits for an aggregate amount of \$500 or more will be permanently ineligible to participate in SNAP upon the first occasion of such violation. Individuals found guilty of using, and/or receiving, and/or attempting to use, and/or receive SNAP benefits in exchange for firearms, ammunition or explosives, will be permanently ineligible for SNAP upon the first occasion of such violation. Individuals found guilty in federal, state, or local court of offenses listed in section 9 of this application, will be disqualified from participating in the Supplemental Nutrition Assistance Program (SNAP). An individual convicted under Federal or State law of any felony offense, hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a felony crime or attempted felony crime, or violating a condition of parole or probation, is subject to the penalties described above.

DO NOT:

- Give false, incorrect, or incomplete information to attempt to obtain, or continue to obtain SNAP benefits.
- Trade or sell, or attempt to trade or sell SNAP benefits or Electronic Benefits Transfer (EBT) cards.
- Use other people's SNAP benefits or EBT cards unless designated.
- Use SNAP benefits to buy nonfood items, such as alcohol, or cigarettes, or to pay on credit accounts.
- Use SNAP benefits to buy illegal drugs, firearms, ammunition, or explosives.

An individual charged and convicted of a felony for possession, sale, use, or distribution of a controlled substance will be permanently disqualified if that individual has 3 or more convictions involving possession or use of a controlled substance, the individual has any convictions involving sale or distribution of a controlled substance (including intent to sell or distribute), or the individual has fewer than 3 convictions for the possession or use of a controlled substance but does not participate in, or has not completed an approved substance abuse treatment program since the date of the last conviction. A "controlled substance" is an illegal drug or certain drugs that require a doctor's prescription.

Individuals convicted of a misdemeanor or felony for trading or attempting to trade SNAP benefits for drugs will be ineligible for SNAP for 24 months for the first violation, and permanently ineligible for the second violation.

FAIR HEARINGS

If you disagree with any action taken by the Nebraska Department of Health and Human Services (DHHS) which affects your benefits, you may request a fair hearing in writing. Fair hearing for SNAP can be requested verbally by contacting DHHS. You may continue to receive your current level of assistance until a hearing decision is made IF (1) you request a hearing within ten days from the date of the agency notice, and (2) for SNAP benefits only, your certification period has not expired. A fair hearing request must be made within 90 days of the action or inaction. You or your representative have the right to examine your case record. At the hearing you may represent yourself, or be represented by another person. If you fail to appear for your scheduled hearing without good cause, your case will be dismissed.

CIVIL RIGHTS

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1)mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2)fax: (202) 690-7442; or

(3)email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Individuals who are deaf, hard of hearing, or have speech disabilities, may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish). For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, or call the State Information/Hotline Numbers found at http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

SOCIAL SECURITY NUMBER

The DHHS asks for Social Security Numbers (SSNs) of all individuals for whom assistance/benefits is requested. Individuals who are not applying for assistance for themselves are not required to have or provide a SSN. If the individual is financially responsible for others in the assistance unit, the SSN will be used only to verify income and/or resources through computer matches as listed below or other contacts so that eligibility can be determined for those requesting assistance. If the SSN is not provided, the assistance unit must assume responsibility for providing the information needed to determine eligibility for the individuals requesting assistance. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible participants. For SNAP benefits, SSNs may be disclosed to other federal and state agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. If a household has a SNAP benefit overpayment, the information on this application, including the SSNs, may be referred to federal and state agencies as well as private collection agencies for overpayment collection action. Only those people who provide information regarding their immigration status and SSNs can receive SNAP benefits. If some family or household members do not wish to apply for SNAP benefits, they do not need to provide this information. If people in your household choose not to give us information about their immigration status or SSN, they must still provide us the information needed to determine the eligibility of the other persons in your household. You may withdraw your request for benefits for these persons or you may withdraw your entire application.

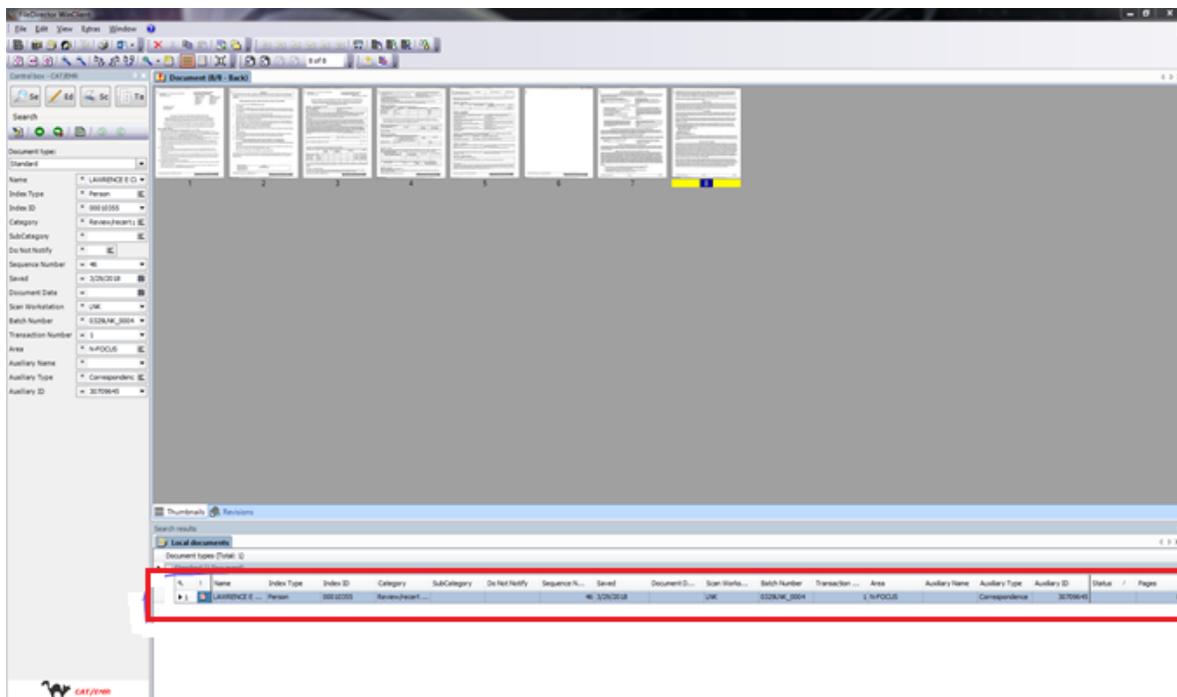
The SSN of each person in the assistance unit who is applying for assistance and provides his/her SSN will be computer matched with the following agencies to assist in the determination of eligibility: Income and Eligibility Verification System, Nebraska Department of Health and Human Services, Nebraska Department of Labor, Social Security Administration, Clerk of the District Court, Child Support Payment Center, Internal Revenue Service, and Veterans' Administration. The information received from these agencies is used and verified when discrepancies are found by DHHS. This information may affect the household's eligibility and level of benefits. SSNs are also used in computer matching and program reviews or audits to make sure each household gets the correct amount of benefits. This may result in criminal or civil action or administrative claims against persons fraudulently participating. This information will also be used to monitor compliance with program requirements and for program management.

Use of the IBML Large Scanner

When using the IBML Scanner, the new and old barcode style on the EA-RA Form will continue to be read by the machine. If the EA-RA form has been returned to the agency as “return to sender mail” regardless of barcode style, Document Imaging staff will still need to open all returned mail and prepare it as usual as a “returned mail” batch job. However, the process flow of the IBML image server will automatically index all EA-RA Forms to the client case as return mail. This means Document Imaging staff will no longer see the EA-RA pulled in to the Win Client worker queue. But, Document Imaging staff still have the ability to search for and edit the EA-RA forms if needed.

If the completed EA-RA form has been successfully received by the agency on behalf of the client, Document Imaging staff will still open and prepare it as usual as an “application” batch job along with any supporting documentation that was included, such as paystubs or bank statements, and continue to manually index and check-in to the client case using WinClient.

The IBML scanner will read the EA-RA new barcode style as one transaction with one document line (additional document lines will be present if supporting documentation has been included). In the Win Client screenshots below, the sample EA-RA is four double sided sheets (8 pages). It created 1 document line when scanned on the IBML.



However, if additional documents are submitted with the EA-RA Form, such as paystubs or bank statements, then those items will create additional document lines and will need to be categorized, edited, and checked-in manually by document imaging staff.

Once indexed, the EA-RA form with the new barcode will: automatically update the review/recertification tracking date, automatically tie the application to the master case, and automatically place SNAP program into pending status if it has not been closed for over 30 days.

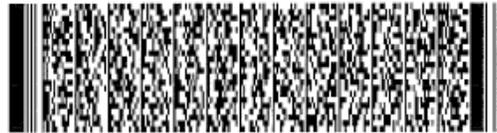
Additional Scanning Update for IBML Return Mail Process

An additional update has been made to the return mail process when scanning on the IBML. For any piece of agency correspondence with the old barcode style (barcodes prior to April 15th release as seen below) that is prepped and scanned as return to sender mail batch- will also automatically index to the client case as return mail.

Examples are shown on the following pages.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

N-FOCUS Bar Code Sheet



**Return this sheet with requested information
Devuelva esta hoja con la información solicitada**

Name: JESSICA SELIA COE

Index Type: Person

Index ID: 00010207

Category: Review/recert pre-populated application - EA

Do Not Notify:

Auxiliary Name:

Auxiliary Type: Correspondence

Auxiliary ID: 73417450

Area: N-FOCUS

Index 2 Type: Corr ID

Index 2 ID: 73417450

Index 3 Type: Create Date

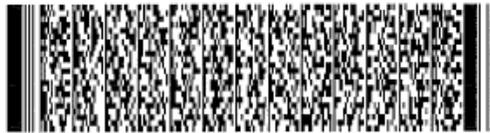
Index 3 ID: 04-04-2018

NFOBC417-0001

IDXV-0001

DEPARTMENT OF HEALTH AND HUMAN SERVICES

N-FOCUS Bar Code Sheet



**Return this sheet with requested information
Devuelva esta hoja con la información solicitada**

Name: JESSICA SELIA COE

Index Type: Person

Index ID: 00010207

Category: Review/recert pre-populated application - EA

Do Not Notify:

Auxiliary Name:

Auxiliary Type: Correspondence

Auxiliary ID: 73417450

Area: N-FOCUS

Index 2 Type: Corr ID

Index 2 ID: 73417450

Index 3 Type: Create Date

Index 3 ID: 04-04-2018

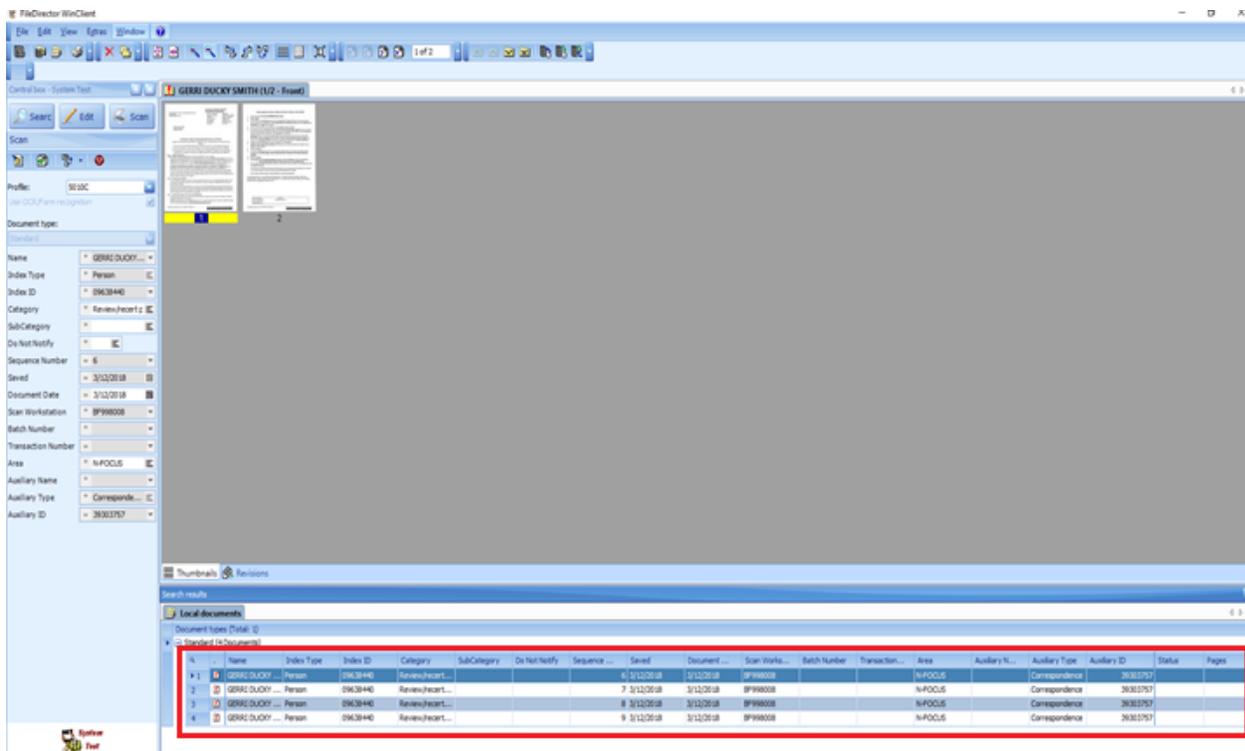
NFOBC417-0001

IDXV-0001

Win Client Desktop Scanning Process (Change)

When scanning the Economic Assistance Review/Recertification Application (EA-RA) with the new barcode on a desktop scanner using Win Client, the barcode will be read as one transaction with one document line per sheet (additional document lines will be present if supporting documentation has been included). In the Win Client screenshots below, the sample EA-RA is four double sided sheets (8 pages). It created four document lines when scanned. The EA-RA could contain more pages depending on the size of the household and therefore, could create more document lines in Win Client than shown in the screenshot below.

Document imaging staff will still need to manually merge all four document lines into one document line to have the EA-RA form appear in the NFOCUS list image window as one entry with all pages together. Also, if additional documents are submitted with the EA-RA Form, such as paystubs or bank statements, then those items will still need to be split, categorized, edited, and checked-in manually by document imaging staff



Expert System

Child Care Pending a Review Application (Change)

Review Tab (Change)

The Review tab will now allow applications to be pended up to 30 days after the eligibility period ends. Instead of giving the message to go through case actions.

End Dating a Budget (Change)

When a review application is pended, before the end of the eligibility period, the budget will have an end date that matches the review date. This will prevent budgets from staying active while the case is pending. The case will need to be reactivated before new authorizations can be created.

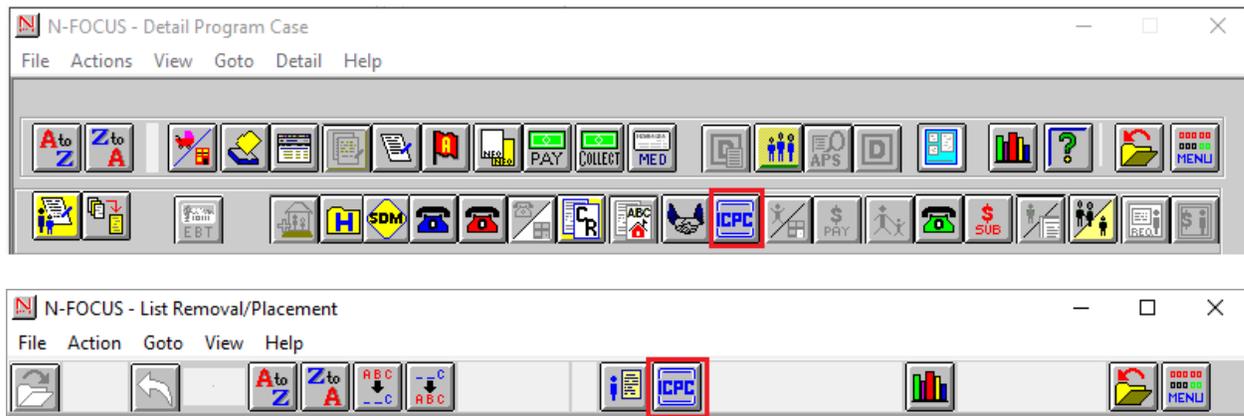
Master Case						
Name	WILLIAM M OTROTTER					View All
Number	6					
Last Name	First Name	Program	Assistance	PC Status	PC Number	
Auth Amt	Elig Type	Iss	Category	Begin Date	End Date	Creation Date
- OTROTTER	WILLIAM	CC	CURRENT FA	PENDNG	48829518	
	PASS REGU	Y		12-01-2016	10-31-2017	11-15-2016
	PASS REGU	Y		11-01-2016	11-30-2016	11-15-2016

Children and Family Services

NEICE System Available on NFOCUS (New)

With this release the NEICE website will be accessed from NFOCUS. This information will be accessible by clicking the ICPC icon located on the Detail Program Case window and the List Removal/Placement window.

On the NEICE website you can send and receive information regarding State Wards from Nebraska that are placed in a different state as well as wards from other states placed in Nebraska. The information can be anything from Home Visits, Home Studies, Court Order, and Monthly Progress Notes/Updates etc.



Court Report – Legal Guardian displays on printed Court Report (New)

If a child has a Legal Guardian they will now display on the front page when printing the Court Report.

Education Court Report – Add ‘Parent’ to Transportation section (New)

A Parent check box option is being added to the Transportation section of the Education Court Report as an option to question 08: “How is the child getting to and from school, preschool or child care?”

N-FOCUS - Education Court Report Response

TRANSPORTATION AND SUPPLIES UPDATE

08 : How is the child getting to and from school, preschool or child care?

School Bus
 Self [Walking or Driving]
 Public Transportation [Bus or Taxi]
 Foster Parent
 Case Manager
 Parent
 Other

Distance Travelled [one way] 5 MILES Max

Are additional transportation arrangements needed for the child to continue attending the school of origin, same preschool or child care? NO

Save and Previous 8 of 19 Save and Next

Save Save and Close Close Help

03-23-2018 13:21:06

Waived Requirements for Licensed Relative Foster Homes (Change)

The License/Approval window will have an added feature that allows users to select the licensing requirements that were waived, when a waiver is granted for a Relative Foster Home (Licensed) facility type.

When on the Detail License/Approval Window, for the Facility Type of “Relative Foster Home (Licensed)”, and “Yes” is selected for Waiver Granted, the “Waived Requirements” button will be enabled.

After clicking on the “Waived Requirements” Button, the user will see a list of the licensing requirements that can be waived. The user can select one or more requirements, as applicable, and then click “OK” to close the window.

N-FOCUS - Detail License/Approval

File Actions Goto Details Help

Organization Name GRANT, SALLY ADD

Licensed As Name SALLY GRANT

Licensing Agent

Facility Type RELATIVE FOSTER HOME (LICENSED)

License/Approval Foster Care Home

Number Of Children 2 Application Received Date 03-01-2018

Waiver Granted Yes Waived Requirements Sublicense

Type
 Provisional
 Operating
 Probationary

Status

Date	Reason
------	--------

Gender and Age Range Approved

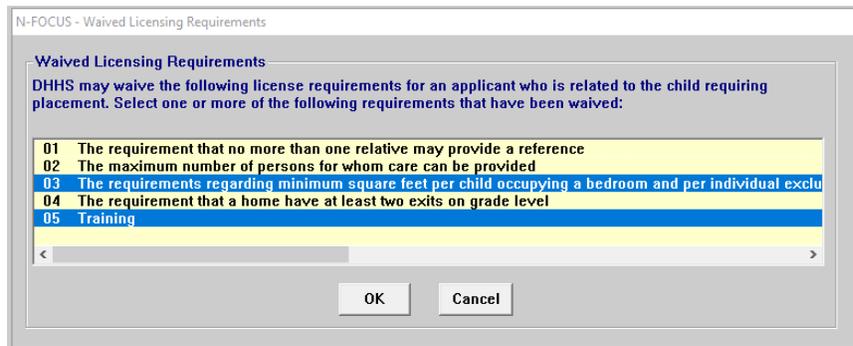
Sex
 Either
 Female
 Male

Minimum Age 0 Years

Maximum Age 18 Years

Effective Dates
Begin 03-19-2018
End 03-19-2020
 License Extended
 License Amended

03-23-2018 13:21:06



Users creating or updating a License/Approval for the Relative Foster Home (Licensed) with a waiver granted MUST select one or more of the applicable waived requirements to save.

When a Relative Foster Home (Licensed) facility type with selected waived requirements is closed and then reopened at a later date, the previously selected waived requirements will be selected. Users will have to ensure that those waived licensing requirements are still applicable to the current license before saving.

[Duplicate/Inactive Organizations on Service Referrals \(Change\)](#)

There was an error that was allowing duplicate or inactive organizations to be pulled in as a provider on the Service Referral (Green Phone Referral), even when canceling out of the search windows. This error has been corrected and duplicate or inactive organizations can no longer be listed as a provider on the service referral. If there is difficulty locating an organization/provider and only duplicates are populated when searching, contact a Contract Monitor Resource Developer, as the organization/provider may be listed under another name in NFOCUS.

Initial Risk Assessment (Change)

When completing the Initial SDM Risk or Prevention Assessments some narratives may now be skipped. On the SDM Risk Assessment the worker may choose to complete or not complete narratives 1-6.

N-FOCUS - SDM Household Summary/Detail

File Actions Goto Help

CFS Case Name KERRI J GABALDON Master Case ID 12

Household Name	Referral Date	Status	Status Begi Date	Sfty Asmnt
KERRI J GABALDON	11-15-2017	ONGOING	01-15-2018	Risk Asmnt

[Status](#) [History](#) [Summary](#)

SDM Household

Name KERRI J GABALDON ID 57062540

Referral Date 11-15-2017 Status ONGOING

Name	Role	Role Begin Dat	
KERRI J GABALDON	PRIMARY CAREGIVER	12-10-2017	Add
KEVIN B GABALDON	SECONDARY CAREGIVER	12-10-2017	Update
KENDRA L GABALDON	CHILD	12-10-2017	Remove
KINSEY M GABALDON	CHILD	12-10-2017	End Date
KELLY E GABALDON	CHILD	12-10-2017	History
KIMBERLY O GABALDON	CHILD	12-10-2017	
KYLE J GABALDON	CHILD	12-10-2017	
KARI H GABALDON	CHILD	12-10-2017	

03-01-2018 11:16:36

Detail SDM Initial Risk Assessment

File Actions Detail Goto Help

CFS Case Name KERRI J GABALDON MC # 12 UPDATE

HH Name KERRI J GABALDON Referral Date 11-15-2017

Assessment

Assessment Date 03-01-2018 ID Nbr 1991528 Abuse/Neglect Index Abuse/Neglect Summ

Completed By JOE SCHMO Supplemental Items Drug Factor

Office BEATRICE Scoring/Override Contact Detail

Status Draft as of 03-01-2018 Planned Action Status History

Final Level Scored Level Maltreatment/Summary & Findings

Abuse Score 0 Neglect Score 0 Intake

Planned Action Recommended Decision

Persons Involved in the Assessment

Name	Role	Birth Date
KERRI J GABALDON	Primary Caregiver	06-23-1981
KEVIN B GABALDON	Secondary Caregiver	08-16-1986
KARL H GABALDON	Child	07-11-2001
KELLY E GABALDON	Child	03-26-2016
KENDRA L GABALDON	Child	05-16-2006
KENON C GABALDON	Child	11-01-2017

Reviewed By Supervisor On Behalf Of Review Narrative

03-01-2018 11:14:37

N-FOCUS - SDM Initial Risk Assessment - Abuse/Neglect Index

HH Name KERRI J GABALDON UPDATE

Abuse/Neglect Index

Q01 : Current report is for

Both

N-FOCUS - SDM Initial Risk Assessment - Abuse/Neglect Index

HH Name KERRI J GABALDON UPDATE

Abuse/Neglect Index

Q02 : Prior investigations of any household adult

Yes

N-FOCUS - SDM Initial Risk Assessment - Abuse/Neglect Index

HH Name KERRI J GABALDON UPDATE

Abuse/Neglect Index

Q03 : Household previously had an open ongoing service case due to child abuse or neglect (voluntary or court-ordered)

No

N-FOCUS - SDM Initial Risk Assessment - Abuse/Neglect Index

HH Name KERRI J GABALDON UPDATE

Abuse/Neglect Index

Q04 : Number of child victims involved in the current child abuse or neglect incident

Four or more

N-FOCUS - SDM Initial Risk Assessment - Abuse/Neglect Index

HH Name KERRI J GABALDON UPDATE

Abuse/Neglect Index

Q05 : Prior injury to any child in the household resulting from child abuse or neglect

No

N-FOCUS - SDM Initial Risk Assessment - Abuse/Neglect Index

HH Name KERRI J GABALDON UPDATE

Abuse/Neglect Index

Q06 : Age of youngest child in the home

Under 2

Additionally, the supplemental questions are optional. The worker may choose to do them or bypass them.

N-FOCUS - Detail SDM Initial Risk Assessment

File Actions Detail Goto Help

CFS Case Name KERRI J GABALDON MC # 12 UPDATE

HH Name KERRI J GABALDON Referral Date 11-15-2017

Assessment

Assessment Date 03-01-2018 ID Nbr 1991528 Abuse/Neglect Index Abuse/Neglect Summ

Completed By JOE SCHMO Supplemental Items Drug Factor

Office BEATRICE Scoring/Override Contact Detail

Status Ready for Review as of 03-01-2018 Planned Action Status History

Final Level High Scored Level High Maltreatment/Summary & Findings

Abuse Score 6 Neglect Score 4 Intake

Planned Action Recommend for Ongoing Services

Recommended Decision Recommend for Ongoing Services

Persons Involved in the Assessment

Name	Role	Birth Date
KERRI J GABALDON	Primary Caregiver	06-23-1981
KEVIN B GABALDON	Secondary Caregiver	08-16-1986
KARL H GABALDON	Child	07-11-2001
KELLY E GABALDON	Child	03-26-2016
KENDRA L GABALDON	Child	05-16-2006
KENON C GABALDON	Child	11-01-2017

Reviewed By Supervisor On Behalf Of Review Narrative

03-01-2018 11:39:16

HH Name **KERRI J GABALDON** INQUIRY

Primary caregiver provides mental health care consistent with each child's needs

Primary caregiver has a criminal arrest history

Primary caregiver's partner is the biological parent of the victim child
 Does the Primary Caregiver have a partner

Gender of Primary caregiver's partner:

Is the Primary caregiver's partner an alleged perpetrator in the current incident

The Primary caregiver's partner is the biological parent of:

On the Prevention Assessment the worker may may choose to compete or not complete narratives 1-5.

Detail SDM Prevention Assessment

File Actions Detail Goto Help

CFS Case Name **KERRI J GABALDON** MC # 12 UPDATE

HH Name **KERRI J GABALDON** Referral Date 11-15-2017

Assessment

Assessment Date **04-16-2018** ID Nbr **62709177**

Completed By **JOE SCHMO**

Office **BEATRICE**

Status **Draft** as of **04-16-2018**

Final Level **Scored Level High**

Abuse Score **2** Neglect Score **7**

Planned Action

Recommended Decision

Abuse/Neglect Index	Abuse/Neglect Summ
Supplemental Items	Drug Factor
Scoring/Override	Contact Detail
Planned Action	Status History
Maltreatment/Summary & Findings	
Intake	

Persons Involved in the Assessment

Name	Role	Birth Date
KERRI J GABALDON	Primary Caregiver	06-23-1981
KEVIN B GABALDON	Secondary Caregiver	08-16-1986
KARL H GABALDON	Child	07-11-2001
KELLY E GABALDON	Child	03-26-2016
KENDRA L GABALDON	Child	05-16-2006
KENON C GABALDON	Child	11-01-2017

Reviewed By

Supervisor **On Behalf Of** Review Narrative

03-01-2018 11:40:34

N-FOCUS - SDM Prevention Assessment - Abuse/Neglect Index

HH Name KERRI J GABALDON UPDATE

Abuse/Neglect Index

Q01 : Prior investigations of any household adult

Yes

N-FOCUS - SDM Prevention Assessment - Abuse/Neglect Index

HH Name KERRI J GABALDON UPDATE

Abuse/Neglect Index

Q02 : Household previously had an open ongoing service case due to child abuse or neglect (voluntary or court-ordered)

Yes

N-FOCUS - SDM Prevention Assessment - Abuse/Neglect Index

HH Name KERRI J GABALDON UPDATE

Abuse/Neglect Index

Q03 : Number of children in the household

Four or more

N-FOCUS - SDM Prevention Assessment - Abuse/Neglect Index

HH Name KERRI J GABALDON UPDATE

Abuse/Neglect Index

Q04 : Prior substantiated physical abuse

No

N-FOCUS - SDM Prevention Assessment - Abuse/Neglect Index

HH Name KERRI J GABALDON UPDATE

Abuse/Neglect Index

Q05 : Age of youngest child in the home

Under 2

Optional Supplemental Questions:

N-FOCUS - SDM Prevention Assessment - Supplemental Items

HH Name KERRI J GABALDON INQUIRY

Primary caregiver provides mental health care consistent with each child's needs

Prior injury to any child in the household resulting from child abuse or neglect

OK Cancel

Safety Assessment (Change)

The Safety Assessment has had narratives removed to assist IA workers in completing assessments in a more timely fashion. The narratives removed are the Child Vulnerability Narrative, the Safety Threat Narrative, and the Safety Intervention Narrative. All pertinent safety information should still be included but should be included in the Safety Decision Narrative. Any previous assessments with old narratives will still print and display correctly. The descriptor for the Safety Decision narrative box has been altered to remind workers to explain each safety threat and the safety intervention. Additionally, a change has been made to the safety intervention area of the safety assessment. When 'Intervention to remove a child from the home' is picked along with the choice 'Family will place child with relative and DHHS determines this is a safe Placement' then the decision will automatically populate as 'Conditionally Safe'. This option requires a safety plan.

Previous Safety Assessment Narratives:

N-FOCUS - SDM Narrative

File Actions Edit Help

Household Name	KERRI J GABALDON	UPDATE
Narrative Type	Record Date	Narrative Text
Child Vulnerabilities	12-10-2017	Here is a test narrative.
Safety Threat	12-10-2017	Test, children removed
Safety Intervention	12-10-2017	There is a safety threat
Safety Decision	12-10-2017	The children are unsafe and will be plac
Supervisor Consultation	12-10-2017	The supervisor agrees.

Remaining Narratives in the safety assessment with new descriptor:

N-FOCUS - SDM Narrative

File Actions Edit Help

Household Name KERRI J GABALDON UPDATE

Narrative Type Record Date Narrative Text

Safety Decision 04-15-2018 Note: When Intervention to remove a child
Supervisor Consultation

Identify how the safety threat led to the safety decision made and how the safety intervention protects each child in the household.

N-FOCUS - Detail SDM Safety Assessment

File Actions Detail Goto Help

CFS Case Name KERRI J GABALDON MC # 12 UPDATE

HH Name KERRI J GABALDON Referral Date 11-15-2017

Assessment

Date 04-15-2018 ID 93208978 Child Vulnerabilities

Completed By JOE SCHMO Safety Threat Safety Determination

Office BEATRICE Contact Detail Safety Plan

Safety Decision Intake

N-FOCUS - SDM Safety Assessment - Child Vulnerabilities

Child Vulnerabilities

Select Child Vulnerabilities

- Aged 6 and under
- Significant diagnosed medical or mental disorder that significantly impairs ability to protect self
- Isolated or less visible in the community
- Extreme allegiance to the alleged perpetrator
- Diminished developmental/cognitive capacity
- Diminished physical capacity
- Prior history of abuse/neglect as a victim that impacts the child's ability to protect self
- Other (specify):

Other [Specify]:

No Child Vulnerabilities OK Cancel

N-FOCUS - Detail SDM Safety Assessment

File Actions Detail Goto Help

CFS Case Name: KERRI J GABALDON MC #: 12 UPDATE

HH Name: KERRI J GABALDON Referral Date: 11-15-2017

Assessment

Date: 04-15-2018 ID: 93208978

Completed By: JOE SCHMO

Office: BEATRICE

Child Vulnerabilities

Safety Intervention

Safety Threat

N-FOCUS - SDM Safety Assessment - Safety Threats

Safety Threats

Select	Safety Threats
<input checked="" type="checkbox"/>	Caregiver caused serious physical harm to the child or made a plausible threat to cause serious ph
<input checked="" type="checkbox"/>	Current serious injury or abuse to the child other than accidental
<input type="checkbox"/>	Caregiver fears he/she will physically harm the child
<input type="checkbox"/>	Current threat to cause serious harm or retaliate against the child
<input type="checkbox"/>	Current excessive discipline or physical force
<input type="checkbox"/>	Drug-exposed infant
<input type="checkbox"/>	Domestic violence likely to physically injure child
<input type="checkbox"/>	Child sexual abuse is suspected and circumstances suggest that the child's safety may be of imme

Other [Specify]:

No Safety Threats OK Cancel

Safety Intervention Change:

N-FOCUS - SDM Safety Assessment - Safety Interventions

Safety Interventions

Select Safety Interventions

Legal action planned or initiated; the child may remain in the home.

Other (specify)

Intervention to remove a child from the home is necessary to adequately ensure the child's safety;
 Request emergency protective custody
 Other court action (specify)
 Family will place child with relative and DHHS determines this is a safe placement

Other (Specify):

Other court action (Specify):

OK Cancel

N-FOCUS - Test Date 04-15-2018 10:05

The safety Determination previously would have been 'Unsafe' and would not have required a safety plan.

N-FOCUS - Detail SDM Safety Assessment

File Actions Detail Goto Help

CFS Case Name KERRI J GABALDON MC # 12 UPDATE

HH Name KERRI J GABALDON Referral Date 11-15-2017

Assessment Date 04-15-2018 ID 93208978

Completed By JOE SCHMO

Office BEATRICE

Safety Decision Conditionally Safe Intake

Child Vulnerabilities Safety Intervention

Safety Threat Safety Determination

Contact Detail Safety Plan

N-FOCUS - SDM Safety Assessment - Safety Decision

Safety Decision Conditionally Safe

Name	Birth Date	Safety Determination	Person Number
KARL H GABALDON	07-11-2001	Conditionally Safe	50048
KELLY E GABALDON	03-26-2016	Conditionally Safe	50045
KENDRA L GABALDON	05-16-2006	Conditionally Safe	50043
KENON C GABALDON	11-01-2017	Conditionally Safe	50049
KIMBERLY O GABALDON	12-26-2008	Conditionally Safe	50046
KINSEY M GABALDON	03-26-2016	Conditionally Safe	50044
KYLE J GABALDON	07-10-2000	Conditionally Safe	50047

Safety Determination

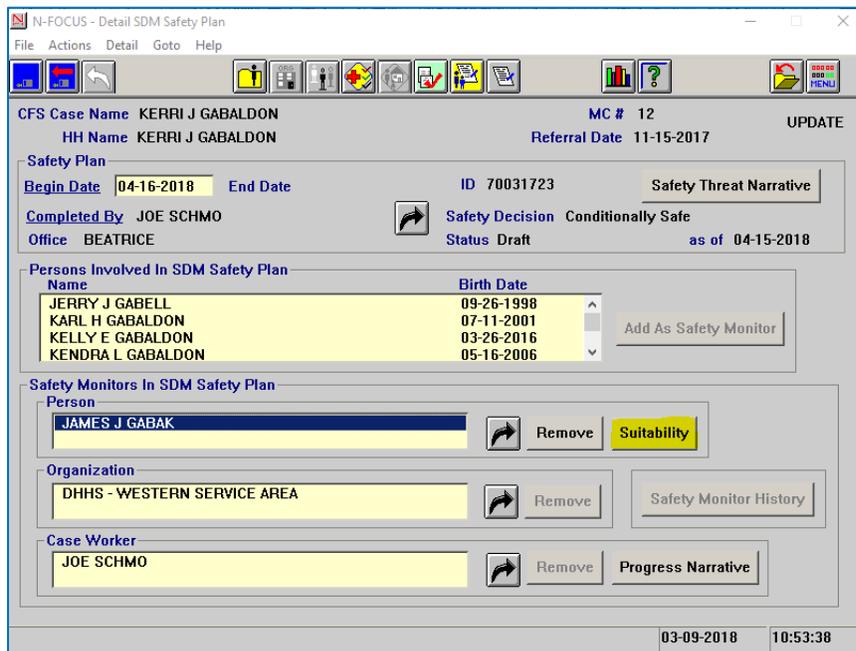
Narrative:

Note: When Intervention to remove a child from the home is picked as an intervention and the choice "Family will place child with relative and DHHS determines this is a safe Placement" then the decision will automatically populate as 'Conditionally Safe'. This option requires a safety plan.

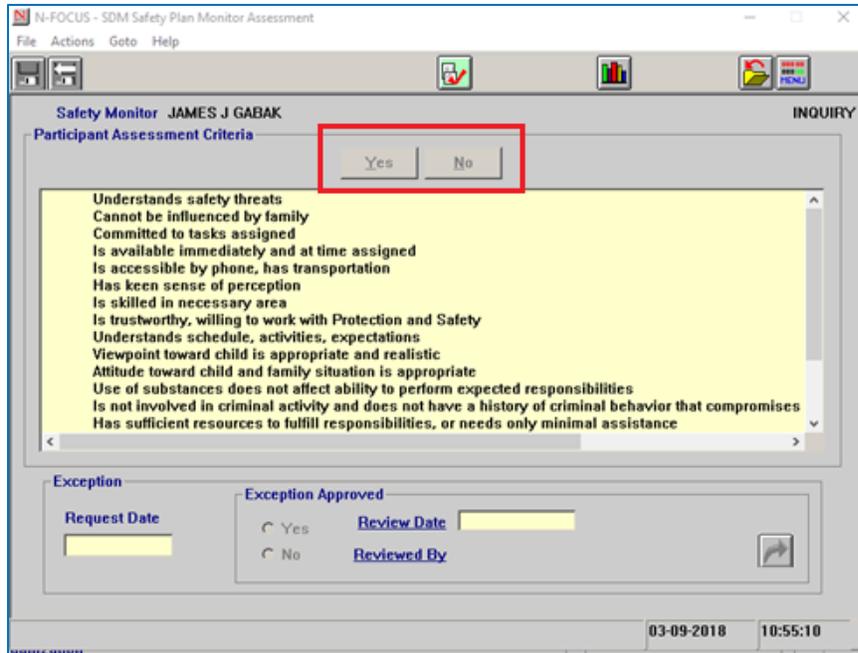
OK Cancel

Safety Plan (Change)

When creating a safety plan from either a Risk Assessment or Reunification Assessment the suitability check is no longer required. Suitability checks can still be viewed from old assessments but now it is not necessary to complete them. The button remains but they can no longer be completed. The background check button has been moved to the Safety Plan task bar.



The buttons are disabled, new suitability checks cannot be added. A suitability check dated on a safety plan dated before the release can still be viewed.



School District Letter (Change)

A technical error was discovered relating to three School District Notices in January 2018. For this reason the Initial custody YRTC, Custody Ended YRTC, and Birth to 5 year old letters were removed from the school notice list. The error has been corrected and the letters are now available to send out from NFOCUS.

